
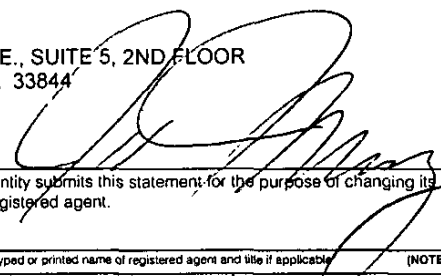
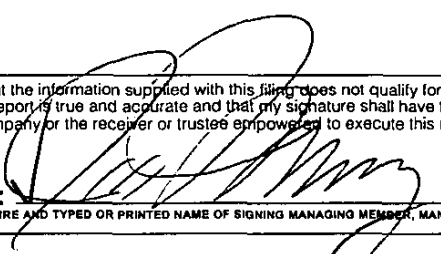


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:41

| | | | |
|--|--|---|---|
| DOCUMENT # L04000013988 | |  | |
| 1. Entity Name DEER LAKE OF POLK COUNTY, L.L.C. | | | |
| Principal Place of Business 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844 | | Mailing Address 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844 | |
| 2. Principal Place of Business 10830 SW 113 Place Suite, Apt. #, etc. | | 3. Mailing Address 10830 SW 113 Place Suite, Apt. #, etc. | |
| City & State Miami, FL Zip 33176 Country Dade | | City & State Miami, FL Zip 33176 Country Dade | |
| 6. Name and Address of Current Registered Agent MURPHY, JOHN 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844 | | 7. Name and Address of New Registered Agent Name Murphy, John Street Address (P.O. Box Number is Not Acceptable) 10830 SW 113 Place City Miami FL Zip Code 33176 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  | | DATE | |
| FILE NOW!!! FEE IS \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MURPHY, JOHN 519-B JONES AVE., SUITE 5, 2ND FLOOR HAINES CITY, FL 33844 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Murphy, John 10830 SW 113 Place Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 300075016743 05/08/06--01034--004 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE:  | | Date: 04.26.06 Daytime Phone #: 863.422.9777 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |